Chiropractor, Clinical Social Worker, Audiologist, Title V and Comprehensive Outpatient Rehabilitation Facility. Communicates with providers by telephone and/or written communication concerning the enrollment process. Updates the MMIS system as needed in enrolling the above-mentioned providers.

Administrative Specialist I - (1) [Division of Member and Provider Services - Customer Services Branch]

Interprets and applies laws, rules, regulations and policies applicable to the administration of the enrollment process for hospitals, mental hospitals and psychiatric residential treatment facilities. Communicates with these providers by telephone and written correspondence as needed for their enrollment into the Medicaid Program. Updates provider records on the MMIS system as needed.

Administrative Specialist II - (1) [Division of Member and Provider Services - Customer Services Branch]

Executes functions as they affect Medicaid's enrollment process of physician providers. Interprets state and federal policy/regulations as applicable to the enrollment of physicians. Communicates by telephone and written word, as needed, with the provider population. Updates the MMIS system as needed in the enrollment process.

Administrative Specialist III - (1) [Division of Member and Provider Services - Customer Services Branch]

Interprets and applies laws, rules, regulations and policies applicable to the administration of provider enrollment for Nursing Facilities and Intermediate Care Facilities for the mentally retarded and developmentally disabled. Reviews proposed state and federal legislative or administrative regulation changes to determine the need for policy and/or procedural changes. Recommends procedural alternatives. Monitors facilities' bed certification status to ensure compliance with Medicare/Medicaid standards and ratio requirements. Updates the MMIS system according to the statistics of each facility. Contacts providers by telephone or in writing to resolve inconsistencies or inaccuracies with their certification requests.

Administrative Specialist III - (1) [Division of Member and Provider Services - Customer Services Branch]

Interprets and applies regulations and policies applicable to the administration of Medicaid programs. Reviews proposed state and federal legislative or administrative regulation changes to determine the need for policy and procedural changes in the areas of eligibility and member services. Monitors partnership contracts for compliance with Medicaid policy and procedures. Updates the MMIS system as needed to reflect accurate information in the provider and recipient files. Communicates both by telephone and written correspondence with providers and recipients as needed for policy clarification.

Clerk III - (2) [Division of Provider Services - Customer Services Branch]

Analyzes the eligibility error printout received from fiscal agent. Works closely with supervisor in resolving inconsistencies and inaccuracies of these records. Collects data to prepare documents for updating fiscal agent file. Receives and reviews provider inquiries for eligibility verification and interpret program codes for rejection. Provides technical assistance to other agencies in the execution of the eligibility errors. Assists in interpreting the policies and regulations of the eligibility for Medical Assistance recipients on a statewide basis to providers. Assists in researching eligibility on rejected claims. Responsible for certifying eligibility or non-eligibility for claims which have been rejected by fiscal agent contractor and updating the eligibility files from data received through the research. Provides effective communication with providers when problems involve eligibility. Maintains and reviews spenddown cases received from 120 Local Public Assistance Offices.

Internal Policy Analyst III (1) Division of Long Term Care

Reviews billing data for long term care providers, nursing facilities, home health, home and community based waiver, supports for community living, brain injury waiver Model Wavier II, ventilator, etc. Divides services by procedure and revenue coding and then into units so that services may be evaluated by units and cost in relationship to the service group and then by individual provider. Determines cost and value of services in order to set rates. Trends rates in accordance with standard procedures of factors relating to national norms for wage and cost adjustments. Produces records for field reviews by downloading information from MMIS so that utilization reviews may be performed by field staff and registered nurses. Sets and enters into MMIS, rates for providers based upon billed charges, cost reporting, and national trends, utilizing, in part, data from the fiscal intermediary.

Internal Policy Analyst II (1) Division of Long Term Care

After the case mix reimbursement rates are determined each quarter, the rates are checked for accuracy and compared to the previous quarter and then updated on MMIS for each provider who is to receive a rate change. The rate changes as a result of the evaluation of the clients by the Peer Review Organization and the appeals of the evaluation by Case Mix nursing staff of the Department. Additionally, for nursing facilities, ancillary rates, including respiratory therapy, physical therapy, occupational therapy and speech therapy are adjusted to be reflective of actual costs on a quarterly basis in conjunction with the information submitted by providers.

Internal Policy Analyst II (1) Division for Long Term Care

For providers related to the Supports for Community Living Program, evaluates and edits rates on MMIS based upon cost report documentation and information from billed claims and related data based upon compiled data of all Supports for Community Living Providers. Analyzes claims for proper completion and possible erroneous information which would impact rate evaluation, setting, and editing. Edits rates on MMIS in correlation to program changes and cost report information as well as national trending.

Internal Policy Analyst II (1) Division for Long Term Care

Enters data on MMIS pertinent to payments for home health, and home and community based waiver services. Evaluates data and makes individual rate changes to the payment system. Revenue codes are analyzed and rates are made reflective of actual services billed and based upon program utilization and cost reported data. Makes rate adjustments in accordance with program changes and national trends. Sets rates in relation to information and formats data in conjunction with cost reporting information on an individual basis and program-wide basis. Enters adjusted data on MMIS to correct payment errors and rate system changes.

Health Program Representative (1) Division for Long Term Care

Updates the rate file for nursing facility providers based upon the quarterly case mix reviews performed by the Peer Review Organization. Compares rate information from prior quarters and determines accuracy of case mix review results. Enters rate information on MMIS for ancillary services including respiratory, physical, occupational, and speech therapy services on a quarterly basis. This information comes from cost report data and market trends. Reviews rates for accuracy after updates have been completed, prior to payment determination.

Nurse Consultant Inspector (1) Division for Long Term Care

Verifies eligibility for Model Waiver and Home and Community Based Waiver clients. Assesses treatment plans and enters data on MMIS for the pre-authorization of services for Model Waiver and Home and Community Based Waiver clients. Interfaces with the general eligibility system of the Medicaid Program. Updates client files and makes deletions based upon the treatment regimes prescribed for clients who are served by the Model and Home and Community Based Waivers. Removes clients from waiver eligibility as necessary.